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COVID-19 will harm students

Geoffrey P. Johnston

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Last of a two-part series.

As the school year begins, it is past time to talk about the threat that SARS-CoV-2, the highly transmissible airborne virus that causes COVID-19, poses to the health of students.

Not only can the disease cause acute illness in youth, it can also lead to debilitating lingering symptoms, known as long COVID.

In some American states, schools have been in session for several weeks, and SARS-CoV-2 is spreading. The COVID Data Tracker on the website of the U.S. Centers for Disease Control and Prevention (CDC) reveals that the percentage of emergency department visits of 12-15-year-olds diagnosed with COVID-19 has been rising steadily throughout August. For example, the seven-day moving average posted on Aug. 9 revealed that 12-15-year-olds accounted for 0.83 per cent of emergency department visits with diagnosed COVID-19. By Aug. 21, the seven-day

moving average for that age group had risen to 2.43 per cent.

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Meanwhile, on Aug. 25, ABC News reported: “Just weeks into the new school year, districts in multiple states are cancelling in-person classes for several weeks due to respiratory viruses, including COVID-19.” Ontario schools could suffer the same fate.

“We are seeing a rapid, steep increase already,” infectious disease specialist Dr. Dick Zoutman said of rising COVID-19 infections across Canada. “And there’s every reason, based on everything we’ve experienced last year, that when the kids get back to school, it’s going to happen all over again.”

Zoutman is a Queen’s University professor emeritus in the departments of pathology and

molecular medicine (medical microbiology), of medicine (infectious diseases), public health sciences, and of biomedical and molecular sciences.

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Fatality rates

In Part 1 of this series, Zoutman stated that before vaccines were available, the mortality rate for COVID-19 was “close to 10 per cent.” That statement elicited some critical responses on X, the social media site formerly known as Twitter. For example, Tara Moriarty, a University of Toronto associate professor, took to the social media site on Aug. 25, stating: “The case fatality rates were about 10%, but cases were underdetected,” she posted. “The actual no vax infection fatality rate was about 1% for a pop like CAN…”

In response, Zoutman contacted the Whig-Standard, citing his source — the Public Health Agency of Canada COVID-19 Surveillance and Epidemiology Team. According to a “rapid communication” document, “of the 106,804 cases of COVID-19 reported in Canada as of July 9, 2020, 8,749 resulted in death, which represents a mortality rate of 23.3 per 100,000 population, and a case fatality rate (CFR) of 8.2 per cent.” The document is titled “Descriptive epidemiology of deceased cases of COVID-19 reported during the initial wave of the epidemic in Canada, January 15 to July 9, 2020.”

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“Where mortality rate is discussed in the article, it is case fatality rate that is referred to,” Zoutman explained. “Case fatality rate is not the same thing as infection fatality rate, which is calculated very differently,. As stated in the article, since the arrival and subsequent wide use of the COVID-19 vaccines, as well as the impact of immunity after being infected, the overall case fatality rate has dropped significantly, currently closer to one per cent.”

According to a brief posted on the World Health Organization’s website on Aug. 4, 2020, “the case fatality rates tend to be significantly higher than the infection fatality ratio, because so-called mild cases tend to be under-reported.”

Children and teenagers

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Can COVID-19 harm children?

“Yes, unequivocally,” Zoutman replied. “But the mortality of acute COVID is much lower in younger people, and certainly in children. But children who have lung disease, heart disease, cancer, immune compromised — they are at much higher risk.”

However, children spread the virus “very readily,” he added. “If you look at household

outbreaks of COVID — which is one of the more common ways to get COVID — 70 per cent of the time is it's because of children bringing it home from school."

Zoutman's statement is backed up by a study published by the Jama Network Open on June 1, 2023. The authors — Yi-Ju Tseng, Karen L. Olson, Danielle Bloch et al — found that "children were important viral vectors in households during the pandemic, particularly when school was in session." The study — "Smart Thermometer–Based Participatory Surveillance to Discern the Role of Children in Household Viral Transmission During the COVID-19 Pandemic" — revealed that 70.4 per cent of households afflicted with COVID-19 "had a pediatric index case." Moreover, "rates dropped during school breaks."

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In addition, children can develop long COVID. "It's common enough that it's a very grave concern," Zoutman said. He also noted "a doubling in the rate of Type 1 diabetes in children after they've had COVID." Moreover, Multi-System Inflammatory Syndrome in Children (MIS-C) arising from a COVID infection can inflame many parts of a child's body, including heart, lungs, kidneys and the brain.

School safety

How can we make the air in Ontario schools safe?

"It's actually fairly straightforward," Zoutman responded. For example, schools need proper ventilation and HEPA filtration. And improving air quality would also help to protect students from influenza, RSV and air pollution.

Is it a good idea for students to wear masks in school?

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“Yes,” Zoutman replied. “The evidence is clear that it does reduce transmission.”

In November 2022, the New England Journal of Medicine published a study on the efficacy of the wearing of masks in two school districts in Massachusetts — the Boston and neighbouring Chelsea districts. The peer-reviewed study — “Lifting Universal Masking in Schools” — showed a much higher incidence of SARS-CoV-2 transmission in school districts that rescinded masking requirements compared to those that kept the mask policy in place. “During the 15 weeks after the statewide masking policy was rescinded, the lifting of masking requirements was associated with an additional 44.9 cases per 1,000 students and staff, which corresponded to an estimated 11,901 cases,” write the authors — Tori L. Cowger, Eleanor J. Murray, Jaylen Clarke, et al.

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Zoutman stressed the importance of providing students with high-quality N95 respirators. “Those are the type of masks that will really prevent the spread of the virus.”

Challenge to education minister

“I would like for the Government of Ontario, the Ministry of Education to create a website that lists every school by name and what they’ve done in terms of protections,” Zoutman declared. “Tell us honestly Minister Lecce, what is going on in each of our schools,” Zoutman said in reference to Education Minister Stephen Lecce.

The Whig-Standard contacted Lecce’s office and asked the following questions: Do Ontario schools meet the latest standards for the control of infectious aerosols set by American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)? Were ventilation and air filtration systems upgraded over the summer? Will the minister commit to total transparency?

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In response, a spokesperson for Lecce offered a written statement. According to Justin Saunders, the government has allocated “over $665 million in funding to enhance ventilation and filtration in all schools, resulting in improvements to existing ventilation systems, the use of the highest quality filters, and the deployment of 100,000 standalone HEPA filter units.”

In addition, Saunders said the government allocated “additional funding of nearly $30 million for the coming school year to support the increased costs related to optimizing ventilation in schools, which includes installing higher grade filters where possible and replacing filters more frequently.”

Finally, Saunders asserted that Ontario is the only province “to mandate that all school boards must post a report on school-specific ventilation upgrades.”

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Conclusion

“This is preventable,” Zoutman said of the looming fall surge of COVID-19 cases. “And it’s going to cause harm.”

Follow Geoffrey P. Johnston on Mastodon @GeoffyPJohnston@c.im.

Correction: In an Aug. 27 email, Zoutman acknowledged a misstatement made in Part 1 regarding the calculation of the probability of developing long COVID. “In Part 1 of this article, under the heading of “Not the Flu,” the last paragraph has an error concerning the risks of long COVID after two or more episodes of COVID infection,” Zoutman writes. “With repeated episodes of COVID infection, the risk of acquiring long-COVID symptoms has been shown to increase. But it is incorrect to say the risk is additive as stated in this paragraph. I apologize for this error.”

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